

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO.

10/070349

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		3
5		10		10		10
6		10		10		10
7		10		10		10
8		10		10		10
9		10		10		10
10		10		10		10
11	1		1		1	
12		1		1		1
13		1		1		1
14		3		3		3
15		10		10		10
16		10		10		10
17			1		1	
18			1		1	
19			1		1	
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	18	↓	8	↓	8	↓
TOTAL CLAIMS	20		10		10	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS